

UC Berkeley Pre-College Scholars Program Release of Authorization for Emergency Treatment Form

In the case of an emergency, and I cannot be reached, I, _____,
(Custodial Parent/ Legal Guardian), authorize the staff of UC Berkeley to obtain whatever medical
treatment they deem necessary for the welfare of _____ (Student). I
further understand that I will be financially responsible for all charges and fees incurred in the
rendering of said emergency treatment, regardless of whether or not my medical insurance would
cover such charges and fees.

By my signature below, I authorize the University of California Berkeley to release medical
information regarding the above named student to any person or entity to whom the University of
California Berkeley refers the student for medical treatment.

I, _____, (Custodial Parent/ Legal Guardian), further confirm that the
emergency contact information provided in the online application is correct, and can be used by UC
Berkeley in case of an emergency.

Signature of Custodial Parent / Legal Guardian Printed Name Date

Signature of Student Printed Name Date

This form requires wet signatures (signed in ink with a pen). Typed or electronic signatures will not be accepted.

